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## Application Art Unit 3622 Address to: Examiner Name D. Champagne Assistant Commissioner for Patents Washington, D.C. 20231 Attorney Docket Number 99-808RCE1 Please change the Correspondence Address for the above-Identified application ta: Place Customer 32127 V Number Bar Code Customer Number Label here Type Customer Number here OR Firm or Individual Name Address **Address** ZIP City Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_ Typed or Printed James K. Weixel, Registration Number 44,399 Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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